## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: HIL SOUTHMOOR CBRF (0010219) Address: 2833 S 12TH ST, SHEBOYGAN, WI 53081

**License Status: REGULAR** 

Licensed/Certified/Registered 10/15/2003

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History** 

Survey ID: 0096599 End Date: 03/08/2006 Type: STANDARD Purpose: SURVEY/SELF REPORT

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10007266 Served 04/17/2006

Deficiencies Cited Subject Area Subject Area Subject Area Corrected

83.14(1)(d) FIRE SAFETY, FIRST AID & CHOKING

83.14(2) TRAINING DIETARY NEEDS & MENU PLANNING

83.32(2)(d) REVIEW OF PROGRESS

Survey ID: 0091235 End Date: 10/15/2003 Type: INITIAL Purpose: SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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